

# **PLAINTIFF'S EXHIBIT MM**

# SUPPLEMENTARY REPORT

## CHICAGO POLICE - FOR USE BY B.I.S. PERSONNEL ONLY

24 Feb. 1990

HOMICIDE/1st Degree Murder

0110

3505 N. Clark St.

5 VICTIM'S NAME AS SHOWN ON CASE REPORT

WARNER, Ricky

CORRECT  
1 YES 2 NO

IF NO CORRECT ALL VICTIM INFORMATION IN BOXES 20 THROUGH 27

5 FIRE RELATED  
1 YES 2 NO

3647 ASSIGNED

5055

6 TYPE OF LOCATION OR PREMISE WHERE INCIDENT OFFENSE OCCURRED

Street

LOCATION CODE

304

9 NO. OF VICTIMS

1

10 NO. OF OFFENDERS

DNA

11 CIRCUMSTANCES

12. OBJECT WEAPON

13. FIREARM FEATURES

14. POINT ENTRY

15. POINT/EXIT

16. BURGLAR ALARM

17. SAFE BURGLARY METHOD

18. PRES. DEVICE

19. PROPERTY

20. NAME

21. IUCR

22. HOME ADDRESS

23. SEX-RACE-AGE

24. HOME PHONE

25. BUSINESS PHONE

26. IN. RED.

27. VICT. REL. CODE

28. OFFENDER'S NAME

29. HOME ADDRESS

30. SEX-RACE-AGE

31. C.B. NO.

32. NO. Y.D. NO.

33. OFF'S. VEHICLE

34. SERIAL NOS.

35. OFFENSE/CLASS

36. METHOD CODE

37. METHOD ASSIGNED

38. UNIT NO.

39. STATUS

40. NARRATIVE

41. MEDICAL EXAMINER'S CASE NUMBER

42. DATE OF AUTOPSY

43. PATHOLOGIST

44. CAUSE AND MANNER OF DEATH

45. INVESTIGATION

46. EXTRA COPIES REQUIRED

47. DATE THIS REPORT SUBMITTED

48. SUPERVISOR APPROVING

49. REPORTING OFFICER

50. DATE APPROVED

51. SIGNATURE

52. SIGNATURE

53. DATE APPROVED

54. SIGNATURE

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79. DATE APPROVED

80. SIGNATURE

THIS IS A CAUSE OF DEATH REPORT:

MEDICAL EXAMINER'S CASE NUMBER: 463 of May 1993

DATE OF AUTOPSY: 29 May 1993

LB 00118

PATHOLOGIST: Dr. CHOI

CAUSE AND MANNER OF DEATH: VENTILATORY FAILURE, QUADRIPLÉGIA, GUN SHOT WOUND NECK? HOMICIDE.

INVESTIGATION: On today's date Dr. Choi performed an autopsy on the body of Ricky WARNER. No Bullet or Evidence was recovered from the body. This body has been in the Oak Forest Hospital since May 1990. The gun shot wound to the neck has healed. Dr. CHOI has determined the cause of death was due to VENTILATORY FAILURE, QUADRIPLÉGIA, GUN SHOT WOUND NECK and the manner is HOMICIDE. Progress report...

90. EXTRA COPIES REQUIRED (NO. &amp; RECIPIENT)

D.N.A.

91. DATE THIS REPORT SUBMITTED

29 May 1993

TIME

1445

92. SUPERVISOR APPROVING (PRINT NAME)

Sgt. T. Kene 811

STAR NO.

811

93. REPORTING OFFICER (PRINT NAME)

Det. T. LAZAR

STAR NO.

20338

94. REPORTING OFFICER (PRINT NAME)

Signature

STAR NO.

Signature

Signature

95. DATE APPROVED (DAY-MO.-YR.)

5 Jun 93

TIME

0900

CPD-11.8 (Rev. 5/85)

\*MUST BE COMPLETED IN ALL CASES

SAO 01401